

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # <u>10/518389</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
		7 TOTAL AMOUNT OF REFUND		\$
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
		Credit Deposit A/C #:		
		<div style="border: 1px solid black; padding: 2px;"> 9-2 10/518389 </div>		
Overpayment				
Duplicate Payment				
No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: _____		TITLE: _____		
SIGNATURE: _____		PHONE: _____ -520.00 OP		
OFFICE: _____				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: